

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10584396 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1				51						
2		1		1			52						
3		2		1			53						
4		(1)		1			54						
5		(1)		1			55						
6		(1)		1			56						
7		(1)		1			57						
8		(1)		1			58						
9		(1)		1			59						
10		(1)		1			60						
11		(1)		1			61						
12		(1)		1			62						
13		(1)		1			63						
14		(1)		1			64						
15		(1)		1			65						
16		(1)		1			66						
17	1		1				67						
18							68						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2										
TOTAL DEP.			15										
TOTAL CLAIMS			17										